

# My Action Plan for Asthma



1-800-562-4620

www.OHPCC.org

**\*** *Keep medical appointments and take this action plan with me to discuss with my medical provider.*

## Medical Provider Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Health Coach Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



### Green Zone

☐ Peak flow is greater than \_\_\_\_\_ (80%)

#### Symptoms:

☐ Need inhaler less than twice a week and waking up less than twice a month with cough or wheeze

☐ Asthma does not affect work, activities, or sleep

#### Asthma Medication(s):

☐ Controller medication(s), take daily:

☐ Quick relief, take \_\_\_\_\_ minutes before exercise:



### Red Zone

☐ Peak flow is less than \_\_\_\_\_ (50%) **call** provider's office!

#### Symptoms:

☐ Constant coughing or wheezing

☐ Trouble breathing at rest

☐ Medication not improving breathing symptoms

#### Asthma Medication(s):

☐ Quick relief, take for symptoms:

☐ Controller medication(s), add for \_\_\_\_\_ days

#### Call 911 if I have:

☐ Severe trouble breathing

☐ Trouble walking across room or finishing a sentence

☐ Blue lips or fingers



### Yellow Zone

☐ Peak flow is between \_\_\_\_\_ (60%) and \_\_\_\_\_ (80%)

☐ Call provider if not improving

#### Symptoms:

☐ Coughing

☐ Wheezing

☐ Shortness of breath

☐ Chest tightness

☐ Waking up with trouble breathing more than once a week

☐ Using reliever medicine more than twice a week

☐ Problems with work or play

#### Asthma Medication(s):

☐ Quick-relief, take for symptoms:

☐ Controller medication(s), increase for \_\_\_\_\_ days:

☐ Other medication(s), add for \_\_\_\_\_ days:



### Blue Zone – My Plan

#### Avoid my triggers when possible:

☐ Pets

☐ Perfumes

☐ Cockroaches

☐ Infections

☐ Mold

☐ Cold air

☐ Dust mites

☐ Smoke

☐ Pollen

☐ Long term control medicines

☐ Annual flu shot

☐ Pneumonia shot

☐ Activity/Exercise